F3 Stakeholders Meeting
January 23, 2001

GROUP MEMORY

- **Review of Agenda**

- **Assessment Center Review:**

  - Assessment Center scheduled to be up and running by January 12, 2002; proposal to have two working groups:
  - Advisory group;
  - Task group.
  - Principles will guide work.
  - Advisory group will report back to stakeholders.
  - Question: how to vest the spin off group with authority to make decisions?
  - Concern about the tools used to determine cultural/linguistic competency for staffing; want assurance of validity of tools.
  - The groups work needs to be reported at the stakeholder meetings.
  - There is trust for the group's work.
  - Be proactive going into this; be willing to let people know when things are unacceptable or problematic.
  - We want ways to get information either printed or through web site and how to contact people on the committee – have notes sent to stakeholders group routinely.
  - Have a way for concerns to be raised with the committee prior to stakeholder meetings so that there are fewer surprises.
  - Make sure that meetings are accessible relative to time, follow-up, etc., to be sensitive to how different communities/people absorb information.
  - Consistency is going to be important relative to work group meeting attendance so that absence doesn't hold up work; advisory group important but less critical.
  - Forward agendas ahead of time so that people know what is coming up.
  - Lunch hour meetings are not available to everyone; schedule is not set in stone, but it works for a lot of the juvenile justice folks and for a lot of the families.
  - Could switch back and forth between evenings and lunch periods.
  - Tasks laid out for assessment center are incremental and build on each other; involvement at the beginning at key points is going to be critical.
  - Appreciate all the work that has gone into developing the principles.

- **Training and technical assistance:**

  - Renee is moving into the area of service development; at a later point we will look at what needs to be accomplished.
  - Training and technical assistance is something different – looking at needs for training; Henry Moss from Detention Center
  - For now: question is – how does this group want to go about seeking information and direction?

- Are there places in the community that have not had the advantage of the discussion that stakeholders have had?
- Interest-based negotiation training would be important.
- Training in respite care – how to?
- I think we need to say why we are here – how we fit, help to understand the other people and why there here.
- Next time – start with that kind of cross training; or consider a case flow analysis to see how a case flows through the system. – chart and description of how people fit, to highlight what happens, how it happens, and capture relationship/fit to F3.
- Make it informative, not defensive justification of why people are here or should have a voice.
- When Judge Dawson made his presentation it really opened eyes!
- Want to mesh how pieces work together.
- **February agenda suggestion:** stakeholders introduce themselves, tell their involvement in the process – how they fit in; make it a learning process about each other; tell why things are done the way they are.
- Stakeholders need to see required services in order to understand directions to go.
- What are the major areas that we have to deal with? Where do changes need to be made? Where are there barriers to change?
- Conceptually that is what has happened in the process of juvenile justice reform:
  - Three areas – structured decision making process – policies and procedures;
  - Then look at service array at each decision point;
  - Then organizational structure – what needs to be in place to make decisions happen and services to be available.
- Needs to be personalized, not described as "cases" when referring to families, children, people; sensitive to language used.
- Enable all service providers to describe where they fit and where absent providers fit.
- Resources depend on where child is placed.
- First - start with children in different situations and then flow.
- Avoid overlooking alliances that can work and ways to mesh.
- Explain intentions of agencies as well as facts of what they do.
- Phase two – flag exceptions and gaps.
- Important to also look at reality – funding streams, etc. in the second phase.
- Mark Martin can work with facilitators to get it off the ground to be ready.
- Group wanted expeditor role definition; consensus is to wait until February; this is the kind of thing that will come up next time.
- What about Lincoln Regional Center? How do we assure everyone at the table? Want formal request from F3 to Deila Steiner, Mike Boss, Becky Wild, others with LPS, and to Regional Center representatives.
- Overview of flow should begin next meeting but interaction will take longer.
- Generic overview, then stakeholders add personal description of own areas of information
- The chart needs to have an overview of the legal framework that dictates some consequences/actions; the law is the "why" we do what we do and we don't understand the why.
- Legal framework can change if what we do here makes statutory change obvious.
- Dos and don't relative to the grant (what must F3 provide?) must be on agenda next month within this discussion.

Conveners Group Report:

- Met in November for a retreat to address governance structure.
- County is administering but it is a community project.
- Several partners – Region V, county, NE Health & Human Services.
- Question to tackle was: where will "home" be for project results?
- Community effort - how do we retain this flavor?
- Results will be mailed to stakeholders.
- Defined wraparound, system of care, and identified what is necessary for it.
- What is the home that encompasses wraparound, sustainability, etc?
- Results: group developed principles for creating and developing a "home" where the system of care will be sustained. Ideas include:
  - Create a cooperative public agency; address the functions of entity, and look for ways to sustain and coordinate the system of care, e.g. getting funding, continue filling gaps; a neutral site that makes things happen; a way to deliver the intent of the grant and a way to harmonize the policies of the different agencies;
  - Question: concern about addition of governmental structures, which overlap – redundant services; are we creating a new structure that will also offer services?
  - Idea is to contract with existing providers; county is willing to put money back into this system and save money elsewhere; a joint public thing to administer project for remainder of grant…later, if desired, maybe one person;
  - Also someone to harmonize functions of many agencies.
- Convener group is supposed to approve how money is spent; i.e. operating budget.
- How do we make decisions, what decisions to they confer to stakeholders? Historically, hired administrator (Sheryl), which evolved into conveners group; authority is vested in partnership.
- Cooperative public agency is a way to get the best of both worlds – quasi-public, quasi-private.
- Does this organization/person end up replacing conveners group? Probably.
- Ultimately, governance is community-based; but will it be recognized as the place the money flows to from government?
  - Is this solely confined to F3 project when you have overlapping supportive care as well as 300 families served by F3? No, this is not in a vacuum.
  - Will it replace others? No, Region V has statutory authority; this organization (F3) is still intended to help the target population; but it might extend beyond – both in terms of stakeholders giving input and based on needs in the system.
- Region v has statutory authority but if it does not deliver service appropriate to this discussion – referencing complaints about cultural competency - this is troubling.
- Concern: maybe want to redistribute money; but we might want to have legislative impact; partners will all participate.
- F3's work with OJS will also affect funding; we can look at how things are now and how they might be done more efficiently; this is happening because we're all coming together; and on-going organization can do the same.
- OJS may have non-negotiable terms but we can find ways to do things differently within that context that make more sense within F3.
- Real intent relative to characteristics given – equal partners; system is driven by dollars, but family members have as much weight; not just equal voice but equal power.
- Cooperative public agency is better than joint – has potential to partner with public and nurture that relationship.

- In the past, no real partnership and equal sharing; applaud the progress F3 and conveners group have made.
- We are growing it, not just imposing it.
- Dollars get transformed, but lots of other things, too; we're working together; F3 is developing this.

F3 CONVENERS RETREAT
November 20, 2000

Summary of Desired Outcome

To create a "cooperative public agency" as a home for F3/system of care that embodies the following characteristics:

- FORMAL STRUCTURE HOUSED IN SOME WAY IN RELATIONSHIP WITH LANCASTER COUNTY:
  - With a clear identification of the four partners (Lancaster County, State of Nebraska Health & Human Services, Region V, families);
  - That is not a separate legal entity;
  - That is grounded in a cooperative agreement among the partners;
  - That serves youths and families at all phases of involvement in the system (front to back) as well as any times of transition;
  - That does not block any on-going progress;
  - That enables creative structural responses to tasks (task forces, committees, etc.);
  - That has a mission statement that encompasses the elements of a system of care;
  - That considers absent partners and key players;
  - That keeps things manageable;
  - That looks to natural relationships;
  - Where governance is determined by what is accomplished (accountability);
  - That serves SED children and their families and contributes to change on behalf of all other children and their families;

- EQUALITY OF PARTNERS THAT REPRESENT PUBLIC AND PRIVATE ENTITIES AND FAMILIES:
  - That recognizes mutual support as a capacity builder and families as resources;
  - That promotes, invites, and embraces mutual education;
  - That contributes to the experience of equality;
  - Where there is a clear understanding of shared authority;
  - Where emotional energy/support is legitimized as important to system development;
  - Trust building must be a motive among partners and participants (families, schools, legislature, etc.);
  - That includes service development partners;
  - That looks to families as a constructive force to provide emotional support;

- LEGALLY EMPOWERED TO MAKE DECISIONS:
  - With recognized and customized authority;
  - That may seek legislative authority;
  - That accepts the risks and liabilities, and is accountable;
  - That has clear decision making processes;
  - That uses applicable statutory language, not mirroring existing language but addressing how state can enter into partnership with local entities;

- AUTHORITY TO ALLOCATE FUNDS, MAKE PURCHASES, AND GENERATE NECESSARY CONTRACTS:
    - That names reinvestment strategies;
    - Where partners consult with each other about RFPs (requests for proposals) related to the project and system of care development;
    - That uses the authority of partners to accomplish tasks;
    - That looks to existing examples and pilots to provide track records, evidence of success, etc.;
    - That uses creative mechanisms such as waivers, block grants, co-locating staff, sub-contracts, shared costs, etc.;
    - That develops services according to the grant's intent and design;
    - That pays attention to system-wide policies, evaluation data, and policy/service interface (avoiding "the tail wagging the dog");
    - That values families perspectives regarding the impact of policies;

- ALIGNS FUNDING TO CREATE A "POOL":
    - That may create a "virtual" pool that reflects collective availability of funds and where there is agreement to allocate in a new way;
    - That considers "match" funds in creative ways;
    - That shifts dollars across systems relative to county and state resources;
    - That looks to private funding sources;
    - That utilizes families' political capital (influence);
    - That includes advocacy;
    - That includes diversity in funding partners;

- RECOGNIZES THE VALUE AND INFLUENCE OF FAMILIES, AND THE NON-NEGOTIABLES OF PUBLIC AND PRIVATE ENTITIES:
    - That acknowledges mandates, regulations, rule compliance interests;
    - Where families are an integral part of the array of service development;

- FOSTERS AND EMBRACES SYSTEM OF CARE AND WRAPAROUND PRINCIPLES:
    - Where there is a common vocabulary;
    - That includes structures and processes that are responsive to stakeholder input and the governing principles they develop;
    - That is defined by the values/principles of "system of care" and "wraparound";
    - Where service development defines a target within the system of care;

- CAPTURES THE ARRAY OF EXPERTISE, TALENTS, RESOURCES, AND EXPERIENCE:
    - Where a business model for is the framework for operating;
    - That utilizes tools for assessing more than just costs;
    - Where families are resources and contribute input about gaps.

- ENSURES THAT PROGRESS ULTIMATELY ENCOMPASSES SYSTEM DEVELOPMENT AND FAMILY ACCESS OUTSIDE OF NARROWLY DEFINED F3 POPULATION.